

Post-Operative Instructions for Neck Dissection / Removal of Branchial Cleft Cyst

- OTOLOGY
- ADULT & PEDIATRIC OTOLARYNGOLOGY
- VOICE DISORDERS
- HEAD & NECK SURGERY
- SNORING & OBSTRUCTIVE SLEEP APNEA SURGERY
- SWALLOWING DISORDERS
- ALLERGY

Neck Dissection:

Branchial cleft cysts are congenital epithelial cysts, which arise on the lateral part of the neck from a failure of obliteration of the second branchial cleft in embryonic development.¹ The purpose of a neck dissection is to remove the branchial cleft cyst.

Your surgeon makes an incision (cut) in the lower area of your neck. The exact size of the cut varies, so you may ask your surgeon to show you. Next the cyst is dissected free from its surrounding tissues. It is important to remove the cyst and its associated tract. If the portion of the tract remains, the cyst may recur. The surgeon tries to spare as much normal tissue and structures as possible with as minimal dissection as possible.

Some structures that are commonly encountered are the internal jugular vein (IJV), the sternocleidomastoid muscle (SCM), and the spinal accessory nerve (SAN). The SCM runs from behind your ear down to your collarbone and helps turn your head left and right. The SAN controls the SCM and the muscles that help shrug your shoulder.

If part of the SAN is cut, you may notice trouble raising your shoulder or raising your outstretched arm sideways above horizontal. Doing shoulder exercises every day after surgery can help to maintain good shoulder mobility. Some patients see a physical therapist to learn these exercises. The greater auricular nerve runs right across the area of the operation and often must be cut for access to deeper tissues. If the nerve is cut, the skin around the ear lobe will be numb. This usually slowly resolves over a year.

After Surgery Care

Incision:

You need to keep the incision dry for 3 days. After 3 days you may shower and pat the incision dry. You may use Q-tips or gauze dipped in a mixture of ½ hydrogen peroxide and ½ water to remove any dried blood over the incision. After washing apply a thin film of an antibacterial ointment such as Bacitracin. Please avoid any activity that pulls across the incision. Do not shave for at least 2 weeks. The rest of the face may be shaved. The staples and/or stitches will be removed 1-2 weeks after surgery at your postoperative appointment in the Ear Nose Throat (ENT) clinic.

Drain:

Some patients go home with a thin drain tube and an egg shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours. A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then write down the amount in the cup. Pour the fluid in the sink or toilet. When the amount of fluid emptied from the drain is 30 ml (or 2 tablespoons) or less in a 24-hour period, the drain is ready to be taken out. If the drain is in place for 1 week it needs to be taken out no matter how much fluid drained. Call the ENT clinic to have the drain taken out.

The drainage within the JP drain should be red, pink, or straw colored (yellow.) If it is milky or looks like pus, you need to be seen by your surgeon right away.

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Head of Bed:

Keep the head of your bed up 30-45 degrees. The skin above the incision may look swollen after lying down for a few hours. Keeping your head elevated is crucial when both sides of the neck have been dissected. This will help to avoid a swollen and puffy face.

Activity:

Do not strain, do heavy lifting, or hard exercise for 2 week after surgery.

Diet:

You may eat your regular diet after surgery. If your lip “pucker” muscles are weak, you may drool slightly when drinking.

Pain:

Your pain can be mild to moderate the first 24 – 48 hours. The pain usually lessens after that. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower of narcotic pain med, and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, morphine, etc.) This medication affects your reflexes and responses, just like alcohol.

When to Call Your Surgeon: If you have...

1. Any concerns. We would much rather that you call your surgeon then worry at home, or get into trouble.
2. Fever over 101.5 degrees F.
3. Foul smelling discharge from your incision.
4. Large amount of bleeding.
5. More than expected swelling of your neck.
6. Increase warmth or redness around the incision.
7. Pain that continues to increase instead of decrease.
8. If you have chest pain or trouble breathing- **you need to go directly to the emergency room without calling.**

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How to Call Your Surgeon:

1. If it is urgent, call 911 or go directly to the closest emergency room without calling ahead.
2. If it is not urgent, during clinic hours of 8 am to 4 pm, call ENT secretary at 310-201-0717. She will check her messages every 2 hours, and before she goes home. She will tell a doctor to return your call.
3. If you still have not spoken with a surgeon, or if it is after 5 pm or a weekend, call the Dr. Rothholtz on her cell phone at 312-498-2898

Postoperative appointment:

You will need to have the sutures or staples taken out at your postoperative visit. You will need an appointment 7-10 days after surgery.

If this appointment has not been made for you, please call the ENT front desk at 310-201-0717.

Please note, we do not refill painkillers over the phone. For prescription refills, please call during office hours.

Thank you.